




## Connecticut State Innovation Model

### Population Health Council

Thursday, December 1<sup>st</sup>, 2016  
3:00 – 5:00 PM  
CT Behavioral Health Partnership  
500 Enterprise Drive, Rocky Hill, CT  
Huntington Room, 4<sup>th</sup> floor

Dial in #: 1-800-593-9940/passcode: 9502934

# PSCs Straw Man Model Planning Process




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## Prevention Service Center Model

Prevention Service Centers are formalized collaborations among one or more community-based organizations and health care providers with the purpose of providing, and/or coordinating the provision of evidence-based clinical prevention services that enhance health outcomes and are typically delivered outside of the clinical setting.

CURRENT STATE OF PREVENTION

**IMPLEMENTATION STRATEGIES**

- SERVICES DELIVERED
- ACCOUNTABILITY MEASURES
- FINANCIAL SUSTAINABILITY
- ORGANIZATIONAL STRUCTURE
- GOVERNANCE & OWNERSHIP

FUTURE STATE OF PREVENTION




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CURRENT STATE OF SELECTED PREVENTION SERVICES	<b>PSC MODEL IMPLEMENTATION STRATEGIES</b>	FUTURE STATE OF PREVENTION SERVICES
Services Delivered Accountability Measures Financial Sustainability Organization Structure Governance & Ownership	<b>ENABLERS AND BARRIERS ANALYSIS</b>  <b>STRATEGY DRIVERS</b>	DESIRED STATE OF PREVENTION SERVICES (PLANNING)

ASSUMPTIONS






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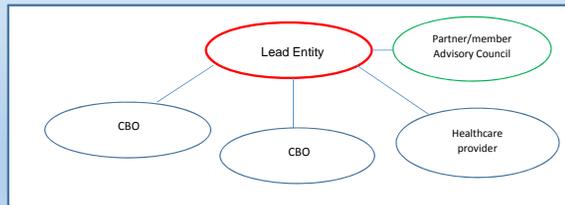
# Organization and Governance of Prevention Service Centers

## Prevention Service Center – Current State

- Currently no Prevention Service Centers exist in Connecticut
- Prevention services such as diabetes self management or medication management programs are provided through various community-based or healthcare organizations with no coordinating entity or referral mechanisms.
- Funding is varied (grants, fees, some insurance) and sustainability is uncertain
- Ability to consistently track processes and outcomes in limited

## Prevention Service Center – Possible Organization and Governance

Such a center has a lead organization that engages in formalized relationships with providers of prevention services, is accountable for services and outcomes, and can provide sound financial management and sustainability. It is advised by a council (existing or new) comprised of collaborating partners and members of the population served.



## Prevention Service Center – Proposed Functions

- Provides evidenced-based, high-fidelity culturally and linguistically appropriate, accessible prevention services directly or seamlessly coordinates provision of such services.
- Maintains accountability for services and outcomes
- Promotes and markets services to healthcare providers in the service area
- Develops, maintains and updates formal agreements with healthcare providers which include but are not limited to the parties' respective roles in 1) client identification, referral, outreach, retention and tracking strategies 2) data sharing protocols 3) program metrics and outcomes 4) funding
- In cases where the lead entity cannot directly provide the proposed menu of prevention services, the lead entity would develop, maintain and updates formal agreements with local service providers and assure provision of such services

## Prevention Service Center – Proposed Functions (Continued)

- Collects and analyzes client and program metrics to demonstrate and improve processes and outcomes
- Leads or participates in an advisory council comprised of partner organizations and populations served
- Pursues diverse sources of revenue including: grants, fees, 3<sup>rd</sup> party payments to lead to financial sustainability
- Participates in the evaluation of prevention service centers as part of a learning collaborative to contribute to system transformation



## Menu of Services:

- Criteria for Inclusion of Services
- Discussion and Voting



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## Key Criteria for Consideration

- Services address population health priorities and tangible problems in the community based on available data.
- Extent to which there is an evidence based protocol for the service to effectively address community health needs.
- Service provides healthcare market value in the context of payment reforms by either adding to a public quality score card (Medicaid/Medicare) or by yielding return on investment for payers and providers
- Service lends itself to a community based dissemination model in terms of replicability and scalability.
- Service aligns with the SIM priorities.
- Service meets the description of the 2<sup>nd</sup> bucket of prevention model.
- Service is conducive for a lead agency to provide oversight, contracting and fiduciary support.



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SIM Population Health Council  
 Prevention Service Centers Model  
 Criteria for Prevention Services Inclusion

Suggested Prevention Services for Testing of the Model	Criteria for Inclusion in the PSC Model												Scoring														
	A			B			C			D			E			F			G			1	2	3			
	H	M	L	H	M	L	H	M	L	H	M	L	H	M	L	H	M	L	H	M	L	H	M	L			
1. DIABETES SELF-MANAGEMENT PROGRAM																											
2. DIABETES SELF-MANAGEMENT EDUCATION & SUPPORT PROGRAM																											
3. DIABETES PREVENTION PROGRAM																											
4. RHEUMATOID SELF-MANAGEMENT EDUCATION																											
5. SELF-MONITORED BLOOD PRESSURE																											
6. MEDICATION THERAPY MANAGEMENT																											
7. CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS																											
8. CHECK, CHANGE, CONTROL PROGRAM																											
9. MILLION HEARTS LEARNING COLLABORATIVE																											
10. WISEWOMAN PROGRAM																											

A. Addresses population health priorities and tangible problems in the community based on available data.  
 B. Extent to which there is an evidence based protocol for the service to effectively address community health needs.  
 C. Service provides healthcare market value in the context of payment reforms by either adding to a public quality score card (Medicaid/Medicare) or by yielding return on investment for payers and providers.  
 D. Service lends itself to a community based dissemination model in terms of replicability and scalability.  
 E. Service aligns with the SIM priorities and CDC 6ES strategy.  
 F. Needs to meet the 2<sup>nd</sup> bucket of prevention model.  
 G. Conducive for a selected lead agency to provide oversight, contracting and fiduciary capacity.



## Next Steps

### Next Meeting Dates

December, 20<sup>th</sup>, 2016, 3:00-5:00 p.m.

### Agenda Topics

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